



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR APPROVAL AS A CERTIFIED MEDICATION TECHNICIAN TRAINING AGENCY

This form is to be filled out by the school. Please type or print all information. Return to the Division of Health Standards and Licensure, Health Education, P.O. Box 1337, Jefferson City, MO 65102.

<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> REVISED APPLICATION (Must submit if clinical or classroom sites change)		CERTIFYING AGENCY
SPONSORING EDUCATIONAL AGENCY (SCHOOL)		PHONE
ADDRESS (SCHOOL)		FAX
INSTRUCTOR NAME	SOCIAL SECURITY NUMBER	LICENSE NUMBER
EXAMINER NAME	SOCIAL SECURITY NUMBER	LICENSE NUMBER
CLINICAL SUPERVISOR (IF APPLICABLE)	SOCIAL SECURITY NUMBER	LICENSE NUMBER

DESCRIBE EQUIPMENT AND SPACE FOR CLASSROOM AND TEACHING AIDS INCLUDING THE FOLLOWING:

- | | |
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| <input type="checkbox"/> MEDICATION CART | <input type="checkbox"/> STATE APPROVED REGULATION BOOK |
| <input type="checkbox"/> HAND WASHING FACILITIES | <input type="checkbox"/> VITAL SIGNS EQUIPMENT |
| <input type="checkbox"/> BUBBLE CARD PACKAGES OR MED-ADMINISTRATION SYSTEM | <input type="checkbox"/> DRUG REFERENCE MANUAL |
| <input type="checkbox"/> STATE APPROVED MANUAL | <input type="checkbox"/> DRUG MEASURING DEVICES |

NAMES OF FACILITIES WITH WHICH THERE IS/ARE A SIGNED AGREEMENT(S) FOR CLINICAL ON-THE-JOB TRAINING. (ATTACH A COPY OF THE CURRENT AGREEMENT FOR EACH CLINICAL SITE.)

FACILITY NAME	ADDRESS	COUNTY	TELEPHONE
FACILITY NAME	ADDRESS	COUNTY	TELEPHONE
FACILITY NAME	ADDRESS	COUNTY	TELEPHONE
FACILITY NAME	ADDRESS	COUNTY	TELEPHONE

NAMES OF FACILITIES WITH WHICH THERE IS/ARE A SIGNED AGREEMENT TO PROVIDE A CMT CLASS (THEORY, CLINICAL AND EXAM) AT THEIR ADDRESS. (ATTACH A COPY OF THE CURRENT AGREEMENT FOR EACH CLASSROOM SITE.)

FACILITY NAME	ADDRESS	COUNTY	TELEPHONE
FACILITY NAME	ADDRESS	COUNTY	TELEPHONE
FACILITY NAME	ADDRESS	COUNTY	TELEPHONE
FACILITY NAME	ADDRESS	COUNTY	TELEPHONE

SIGNATURE (SCHOOL PROGRAM DIRECTOR)	DATE
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